

BUILDING THE PARTNERSHIP

***Ken Klump
Janis Dickerman
Frontier Health and
Rehabilitation***

THE CHALLENGES CONFRONTING THE HEALTHCARE TEAM

- § ***Uncertainty surrounding new ownership and leadership style***
- § ***Instability related to unanswered questions and an uncertain future***
- § ***Residents, families, and staff unsure about the direction of the future***
- § ***Establishing an environment of partnership and transparency***

AREA OF CONCERN: PROBLEM STATEMENT

- q ***Excessive State Complaint Surveys believed to be stemming from lack of communication with residents, their families, and facility staff***
- q ***Poor perception of facility services in the community***
- q ***Families and facility staff sensing no one was listening to them and seeking resolution to concerns***
- q ***Turnover rate***

STATISTICS RELATED TO CONCERN

- q ***Eleven months prior to annual survey September 2013, there were 6 complaint surveys resulting in 4 deficiencies= 10 facility visits to investigate and correct***
- q ***Family involvement in care plans was negligible- they were not invited prior to January 2014 meetings***
- q ***25 formal in-house grievances reported to Social Services between June and October 2013***
- q ***Turnover rate at 8.2% per month January -October 2013***
- q ***Census dropped from a high of 110 ADC (March) to 94 ADC (November)= 15% drop***

***GOAL: BUILD A PARTNERSHIP WITH RESIDENTS,
THEIR FAMILIES, AND STAFF TO ADDRESS
CONCERNS AND PROMOTE AN ATMOSPHERE OF
OPEN COMMUNICATION***

Team Members

- q ***Nurse Assessment Coordinator/care plan coordinator
Activities Director***
- q ***Social Services Director Dietary Manager***
- q ***Director of Nursing Therapy Services Manager***
- q ***Direct staff: CNAs , nurse Auxiliary staff as needed***

SIGNS OF THE BREAKDOWN ROOT CAUSE ANALYSIS

- q ***Recent history of increase in complaint surveys***
- q ***Daily reports of dissatisfaction among families***
- q ***Lack of evidence of resident care planning that included resident, family or direct care staff***
- q ***Blurred boundaries related to regulation and established systems for improvement***

THE PLAN: BUILD A PARTNERSHIP WITH RESIDENTS, FAMILY MEMBERS, DIRECT CARE STAFF

- q *Regular and consistent availability and visibility of administrative staff through rounding on residents and staff*
- q *Introduce residents, families, and staff to new Medical Director*
- q *Resident/family dinners with Administrator, DON, and facility staff to be held quarterly*
- q *Initial admission meeting with all newly admitted residents, including their family members and direct care staff to share goals and expectations and establish lines of communication*

THE PLAN: BUILD A PARTNERSHIP WITH RESIDENTS, FAMILY MEMBERS, DIRECT CARE STAFF

- q *Emphasize the idea of partnership for the delivery of care*
- q *Follow up care plan meetings to address change of goals, change in condition, and rumors*
- q *Form employee membered committees*
- q *Increase Nursing communication*
- q *Build staff morale through luncheons, potlucks, and staff input and feedback*

IMPLEMENTING THE PLAN

- q ***Establish the deadline for implementation***
- q ***Provide education for the staff partners to ensure residents and families are given the opportunity for input and direct care staff understand their role***
- q ***Coordinate with admissions and business office to set dates for the initial care plan meeting to fit the schedule of family members (signing of admission paperwork to coincide with care plan meeting)***

TIMELINE

- q *Administrative rounding* *Immediately* *(October 2013)*
- q *Resident, family, and staff luncheon* - *November 2013*
- q *Performance improvement plan—present during QAPI meeting*
November 12, 2013
- q *Staff education* *November 23, 2013*
- q *Schedule care plan meeting* *next admission*
- q *Establish the calendar of periodic care plan meetings*
December 1, 2013
- q *Invite residents and families, designate direct care staff to*
care planning meetings *December 2013*
- q *Enlist a new Medical Director* *January 2014*

TIMELINE (CONTINUED)

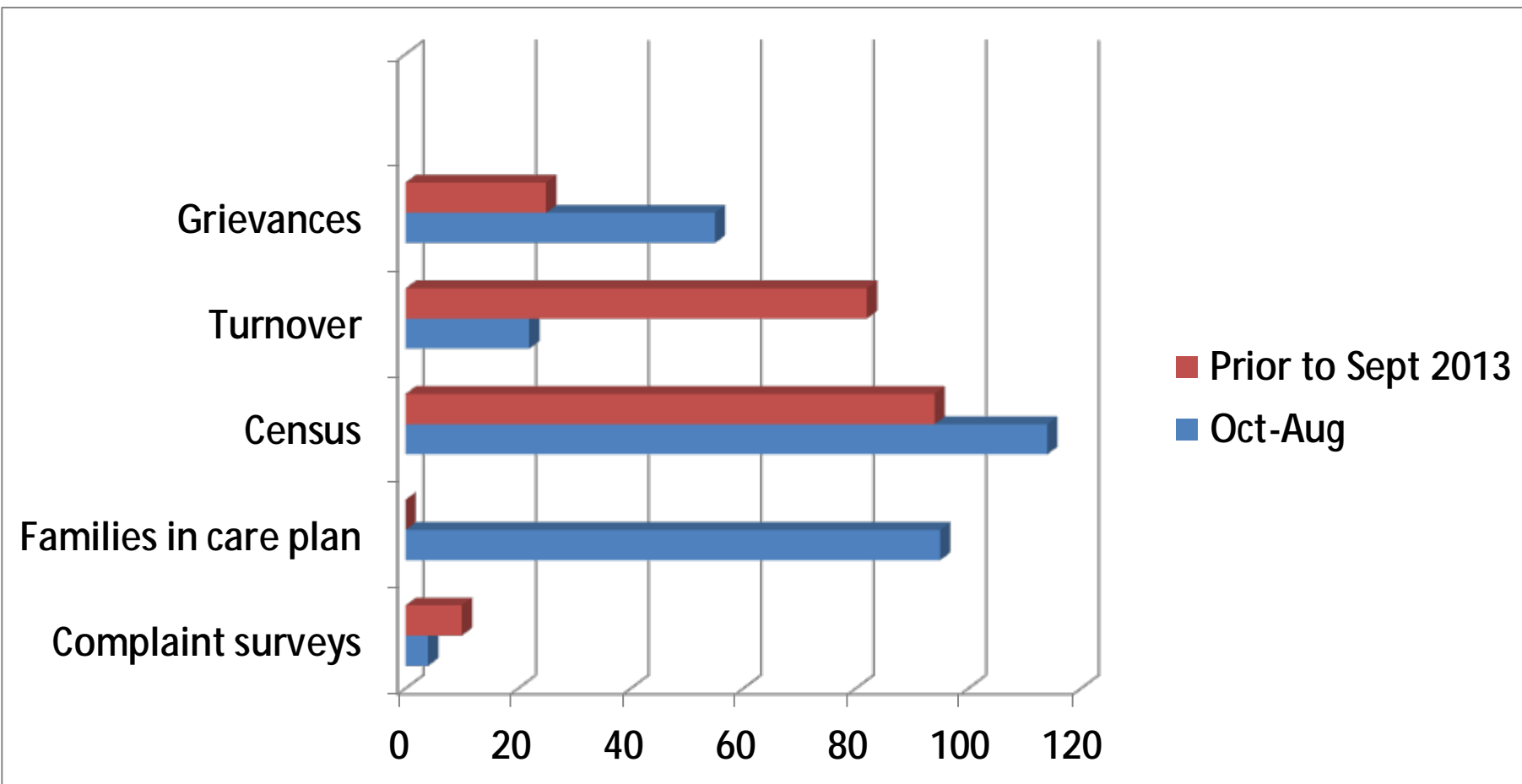
- q ***Regularly meet and greet residents and their family members***
- q ***Conduct care plan meetings, document***
- q ***Follow up with unaddressed concerns/ issues***
- q ***Evaluate results and progress of the process***
- q ***Encourage staff and receive and provide feedback of results of the process***
- q ***Modify process if required***

RESULTS

- q ***Evidence of resident and family involvement in the care planning process***
- q ***More open lines of communication as evidenced by resident/ family/ staff requests for meetings to address concerns***
- q ***More staff involvement in the care planning process***
- q ***Evidence that residents, families, and staff are addressing concerns more directly and in a more timely manner.***
- q ***Staff enthusiasm and taking initiative for potlucks and activities involving staff and residents***

STATISTICAL RESULTS (OCT '13-AUG'14)

- q **4 complaint surveys - no deficiencies**
 - 2 self-reports - one deficiency - cleared**
 - Annual Survey - 6 deficiencies - cleared on desk review**
- q **95% family involvement in care plan meetings**
- q **Direct staff involvement in all care plan meetings**
- q **Census increase from 94 ADC to 114 ADC**
- q **Turnover rate dropped to 6.3% per month (22% for January-Aug 2014)**
- q **55 formal in-house grievances reported to Social Services**
November 2013- Aug 2014



RESULTS AT A GLANCE

NEXT STEPS

- q ***Continue building the partnership***
- q ***Evaluate and modify the process as needed***
- q ***Celebrate the successes***